Major Donor and Independent Expenditure Co	mmittaa Tyne	or print in ink.		COMMITTEE STATEMEN
Campaign Statement (Government Code Sections 84200-84216.5)	or print in link.	Date Stamp	CALIFORNIA 461	
	Statement covers period	Date of election if applicable:	1	1/2
Amendment	from07/01/2017	(Month, Day,Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2017			
1. Name and Address Of Filer		3. Summary		•
NAME OF FILER (Include name(s) of all affiliated entities whose Gilead Sciences,Inc.	contributions are included in this statement.)	(Amounts may be rounded to when the first section of \$10 (including loans) of \$10 (including loa	ributions 00 or more	2500.00
MAILING ADDRESS	(NO. AND STREET)	made this period. (Par	•	\$\$
CITY	STATE ZIP CODE	2. Unitemized expenditur contributions (including \$100 made this period	g loans) under	\$0.00
Foster City RESPONSIBLE OFFICER (If filer is other than an individual)	CA 94404 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$2500.00
J. Richard Eichman 360000SSB		Total expenditures and made from prior staten		
2. Nature and Interests of Filer		amount from Line 5 of	•	
A FILER THAT IS AN INDIVIDUAL MUST LIST T OF EMPLOYER OR, IF SELF-EMPLOYED, THE	HE NAME, ADDRESS, AND BUSINESS INTERESTS NAME, ADDRESS, AND NATURE OF THE BUSINESS	filed. If this is the first		05050.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente	•	\$65650.00
		5. Total expenditures and (including loans) made		
ADDRESS OF EMPLOYER/BUSINESS	,	January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$ 68150.00
A FILER THAT IS A BUSINESS ENTITY MUST DE ENGAGED	DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification		
Healthcare		I have used all reasonable reviewed the statement ar	nd to the best of my kr	nowledge the information
A FILER THAT IS AN ASSOCIATION MUST PRO	OVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS	the laws of the State of Ca		under penalty of perjury under oing is true and correct.
Bio-tech	ESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE	Executed on01/31/2018	By J. Richard	Eichman 360000SSB
COMMON ECONOMIC INTEREST OF THE GRO		DATE	SI	GNATURE OF INDIVIDUAL DONOR OR IBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN	D
MAJOR DONOR COMMITTEE STATEMEN	Т

Statement covers period		CALIFORNIA	161	
from	07/01/2017	FORM	461	
through	12/31/2017	2/2		

FF	INSTRI	ICTIONS	ON	REVERSE
ᆫᆫ	IIIOIII	JULIUNG	OIN	KLVLKSL

NAME OF FILER

Gilead Sciences, Inc.

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
07/14/2017	California Republican Party Sacramento CA 95814 ID: 810163 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		California Republican Party NO: □ Support □ Oppose	2500.00	\$ Calendar Year \$ 7500.00 Other

SUBTOTAL \$

2500.00